

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/017,715	02/03/98	514	1642	1488.0810003

APPLICANT

HONGJUN JI, SAN DIEGO, CA; CRAIG A. ROSEN, LAYTONSVILLE, MD.

CONTINUING DOMESTIC DATA***

VERIFIED

QP 081073284 June 29 1996

371 (NAT'L STAGE) DATA***

VERIFIED

~~601000602~~ June 30 1995
601037080 Feb - 3 1997

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 03/11/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

STERNE KESSLER GOLDSTEIN & FOX
1100 NEW YORK AVE NW
SUITE 600
WASHINGTON DC 20005-3934

TITLE

BREAST CANCER SPECIFIC GENE 1

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,248		



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Bib Data Sheet

CONFIRMATION NO. 8739

SERIAL NUMBER 09/017,715	FILING OR 371(c) DATE 02/03/1998 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 1488.0810003
APPLICANTS HONGJUN JI, SAN DIEGO, CA; CRAIG A. ROSEN, LAYTONSVILLE, MD;				
** CONTINUING DATA ***** This appln claims benefit of 60/037,080 02/03/1997 and is a CIP of 08/673,284 06/28/1996 ABN which claims benefit of 60/000,602 06/30/1995				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 15
		INDEPENDENT CLAIMS 7		
ADDRESS 22195				
TITLE BREAST CANCER SPECIFIC GENE 1				
FILING FEE RECEIVED 2274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	